



Chabad Hebrew School Junior Club

8224 23rd Avenue Brooklyn, NY 11214

347.277.5040

Please note, one registration form needed per child

Ages 11-13

Student Profile

Full Name First Name _____ Last Name _____

Hebrew Name _____

Age _____

Birth Date _____ (month/day/year)

Time of Birth _____

In Judaism the day begins at nightfall, so in order to determine the exact date of your Jewish birthday we need to know what time of day you were born.

School _____

Grade Entering _____

Hebrew Reading Proficiency ___ None ___ Somewhat ___ Well

Previous Jewish Education ___ Yes ___ No

If yes, where? _____

Does your child have any learning disabilities? Please specify *(This information will help us better cater to the needs of your child.)*

Parent Information

Address Street Address: _____ City: _____ State:

_____ Zip: _____

Phone Number _____

Father's Name First Name _____ Last Name _____

Father's Occupation _____

Father's Cell _____

Father's Email _____

Mother's Name First Name _____ Last Name _____



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Mother's Occupation _____

Mother's Cell _____

Mother's Email _____

Maternal Grandmother born Jewish? _____

Mother born Jewish? ___ Yes ___ No

Emergency Information

Emergency Contact 1

First Name _____

Last Name _____

Phone Number _____

Emergency Contact 2

First Name _____ Last Name _____

Phone Number _____

Doctor's Name _____

Doctor's Phone Number _____

CONFIDENTIAL: Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed.

Registration Payment Agreement

Tuition Agreement

*Tuition per year: \$600 (includes security, books, supplies, and crafts fees)

*Special promotion: Receive a 10% discount if you refer a friend, new to CHS who signs up.



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Payment Options:

___ Pay in two installments (\$300 by Nov. 15, 2020 & \$300 by Jan. 15, 2021) ___ Pay in Full

Please select all that apply

- Payment with Credit Card
- Refer a friend: 10% discount if you refer a friend, new to CHS who signs up.

Friend's Name _____

Registration Payment

Amount \$300 \$600

Payment Credit Card

As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child to participate in all school activities, join in class and school trips on and beyond school properties and allow my child to be photographed while participating in Chabad Hebrew School activities and that these pictures may be used for marketing purposes.

I agree

Name First Name _____ Initial _____

Last Name _____ Date _____ (month/day/year)

We look forward to a wonderful year of learning and growth!